



# HANDOUTS

## Long-Term Care System Task Force

September 16, 2004

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**Handout 1: Long-Term Care Long-Range Plan and Powerpoint  
Provided by Department of Elder Affairs**

### **DISCLAIMER**

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**Long Term Care in Iowa  
Long Range Plan Draft (summary)  
Recommendations from the Department of Elder Affairs  
September 16, 2004**

**Disabled adults and older Iowans should enjoy the freedom to choose from a variety of living and service options which guarantee their dignity, autonomy and independence. A person's limited income and personal resources should not prevent access to the full array of quality services sufficient to provide a safe environment in which to live. The problems that afflict the government and individuals as they face the challenges of being disabled and growing old will yield to the power of Iowans working together. Iowans must join together to accept responsibility for each other's safety and welfare. If we accept collective responsibility for our fellow human beings, we can construct a long term care system which ensures that all Iowans have access to the services they need to live with their disabilities and to cope with the frailties of aging with maximum dignity and respect. The long term care system in Iowa should ensure that no Iowan is lonely, hopeless or bored as a result of disability or the frailties of aging.**

**The Senior Living Coordinating Unit has been developing a long range plan for the long term care system to better meet the needs of older Iowans and the state government. A copy of the full report is available upon request from the Department of Elder Affairs. In the long range plan, the SLCU recommends that Iowa press for changes in the Medicaid program and Senior Living Program to expand the state's ability to provide services to people in ways which delay and prevent institutional placement. Among the changes which the plan suggests are the following:**

- a) "Fast Track Eligibility" for HCBS Waiver services
  - i) Streamlined application.**
  - ii) Increased disregards (\$8,000 total).**
  - iii) Self-declaration of income/assets.**
  - iv) An easy functional eligibility form.**
  - v) 24/7 assistance and 24 hour turn around.**
  - vi) Prescription form for docs.**
  - vii) Expedited appeal.****
- b) "Nursing home transition programs" to help people return to their homes and communities by amending Medicaid waivers or Medicaid State Plan to include transition dollars and nursing home transition case management.**

- c) Increases in the resource limit for Waiver clients who want to stay in their homes so that they can have enough money to maintain the house.**
- d) Development of a program to provide services to Naturally Occurring Retirement Communities (NORC).**
- e) Establishment of standards for communities to be "Elder Friendly."**
  - i) Communities should have some universal design standards that are of value to all citizens.**
- f) Adoption of available opportunities to implement consumer direction in the LTC system, including, but not limited to, Cash (Service Voucher) and Counseling, and Money Follows the Person.**
- g) Efforts to educate people about the importance of planning for their long term care needs.**
- h) Implementation of a universal assessment available for all Iowans.**
- i) Improvements in the system of eligibility determination and assessment of need as contained in the Seamless project within the Department of Elder Affairs.**
- j) Full implementation of the Resource Center Grant from the Administration on Aging.**
- k) Support, assistance, training and respite services for the families and friends who assume responsibility for the long term care needs of relatives and loved ones.**
- l) Enhanced partnership with the Iowa Caregivers Association and especially their Better Jobs Better Care grant to ensure that trends in consumer directed care not erode the quality and wages of caregivers.**
  - i) Including support for ICA's efforts to expand the Iowa Nurse Aide Registry to include other direct care workers. Currently, only nurse aides working in nursing facilities are required by federal law to be on the Registry. The new Registry could potentially include in its data bank a pool of personal assistants seeking employment through the Cash and Counseling model.**
  - ii) And also supports for and partnership with the minority communities to promote caregiving as quality jobs for recent immigrants.**
- m) Implementation of managed care options such as PACE for the provision of LTC.**
- n) Development of a Waiver service for assisted living to make assisted living more of an option for Waiver recipients.**

- i) **Use of the Case Management Program for the Frail Elderly (CMPFE) to manage the care component of affordable assisted living programs to ensure comprehensive and unbiased assessments and plans for community options.**
- o) **Assessment of the true costs for home and community based services for a variety of acuity levels to determine the extent of the savings for providing long term care in the community rather than in an institution.**
- p) **Efforts to make housing more available, affordable and accessible for older Iowans and those with disabilities.**
  - i) **Encourage subsidized assisted living options which combine subsidized housing and Medicaid Waiver services to low income older Iowans and disabled adults.**
  - ii) **Establish building codes which include accessibility and "visitability"<sup>1</sup> standards so that increasing numbers of homes are able to accommodate those with limited mobility.**
  - iii) **Promote the use of universal design in all new homes built in Iowa.**
- q) **Help for older people to learn about and acquire adaptive technologies which allow them to live in their own homes more safely and convenience.**
- r) **Support for efforts by private and governmental units to measure and encourage the kind of quality in long term care which helps people make informed choices about how to receive long term care services.**
- s) **Ensuring that information about certification reports, monitoring visits, complaints investigations and other information valuable to consumers be readily available on department Web sites.**
- t) **Development and implementation of reasonable standards for oversight of consumer directed care.**
- u) **Demonstration projects in long term care that allow innovative and experimental services which provide resident centered, home like care using principles of what's called "culture change" and other concepts to make nursing homes more like homes and less like hospitals. Perhaps called "Charter Nursing Homes" (think Charter Schools) such options could receive some waivers of requirements in return for delivery of quality and customer centered outcomes.**
- v) **Changes in CMPFE to continue re-balancing LTC in favor of home and community based services, such as:**

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<sup>1</sup> "Visitability" refers to the accessibility of homes by those who "visit" even though those who live there do not require such accessible features. For instance, an accessible bathroom on the ground floor of all new construction would make life much easier for the handicapped and disabled guest, as well as improve the resale value of homes.

- i) Narrow the criteria for admission to a nursing facility to favor a home and community based setting.**
- ii) Adequate reimbursements for case management services.**
- iii) Accommodation for high vacancy rates in nursing homes to facilitate a smooth transition to a decreased reliance on institutional care.**
- iv) Ongoing efforts to increase the supply of home and community based services to meet the increasing demand for such services which a rebalanced system will require.**
  - (1) It may be that various subsidies and other support will be needed to help develop the quantity and quality of HCBS that a truly rebalanced system requires.**
  - (2) Some nursing homes need to convert unused capacity into HCBS and new ventures in HCBS need technical and financial assistance to create added capacity.**
    - (a) The Departments of Elder Affairs and Human Services should create the capacity to respond to this need for technical assistance.**
- v) Increased support for assistive devices and home modifications which can enable disabled and frail people to remain independent and in the community.**
- w) Institution of a Substitute Decision maker program in state government to provide services to those without competent family or friends to perform this function.**

# Long Term Care in Iowa

September 16, 2004  
Legislative Task Force  
On Long Term Care

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## Re-Balancing LTC

- People, States prefer HCBS
- Medicaid favors institutions
- Change is hard

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## Re-Balancing LTC

- Re-Balancing has started
  - Senior Living Trust
  - Conversions
  - CMPFE
  - Elderly Waiver
  - Market Forces
  - HCBS access

Local Medicaid Institutional vs. Waiver Dependence



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## Continuum of Care

- Universal Assessments
  - Everyone gets the same assessment
- Nursing home care
  - Always needed
- Assisted Living
  - New kid on the block
- Adult Day Services
  - Makes HCBS possible
- HCBS (chore, nutritional counseling, meals, transportation, personal assistance, home health aids, homemaker, etc)

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## Family Caregivers

- Only 4 kinds of people (Rosalynn Carter)
  - Those who have been caregivers
  - Those who currently are caregivers
  - Those who will be caregivers
  - Those who will need caregivers

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## Family Centered Care

- Families are responsible and need help
  - 25% < \$856/Mo
  - Average net worth = \$30,000
  - Half rely on SS for more than 50% of income
  - 34% < \$20,000/year
  - Nursing home care = \$50,000/year
  - 5 months to spend down
  - "Recovery" as barrier to services
  - Divorce allows asset protection

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## Solutions

- Fast Track Eligibility Determination
  - Streamlined application, increased disregards, self-declaration of income, 24/7 assistance, 24 hour turn around, expedited appeal
- Universal assessments
  - Who, what, when, where, why?
- HCBS rates
- Elderly service budget

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## Solutions

- NORCs
- Aging & Disability Resource Center
- Consumer Direction (Cash & Counseling)
- Managed Care (PACE)
- Housing
  - Universal design, “visitability,” technology, home improvement, housing repair disregards

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## Solutions

- Elder Friendly Communities
- “Charter” Facilities
  - “Culture Change,” demonstration projects, innovation, regulatory relief, outcomes
- SEAMLESS
  - DHS, DPH, DEA data
  - Application process improvement
- Assisted Living as Elderly Waiver Service
- Substitute Decision Maker Program

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## Solutions

- CCRCs
- Long Term Care Insurance
- Consumer Education
  - Plan and Prepare
- Ethics

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## LTC Plan (continued)

- Future Issues and Challenges
  - Mental Health
  - Rural concerns
  - Who pays?
  - Physical Laborers
  - Death and Dying
  - Caregiver workforce
  - Elder Abuse and exploitation

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## LTC Plan (continued)

- Conclusion
  - Insurance tables now assume 120 years
  - More (?) and more intense frail years
  - What have we learned from the current frail elderly?

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## Final Thoughts

- *No Elder Left Behind*
- Iowa: a healthy, safe, productive and enjoyable place for older people to live and work.
- Thanks

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## Long Term Care in Iowa Integrated and Managed

Iowa Dept of Elder Affairs  
(800) 532-3213  
515-242-3301  
mark.haverland@iowa.gov

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